

## Division of Laboratory Services 630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/health/health-program-areas/lab.html

## **Disease/Agent Suspected or Test Requested:**

## RPR (Rapid Plasma Reagin)—Syphilis

Provider Requirements	
Acceptable Specimen Sources/Type(s) for Submission	<ul><li>Whole, clotted blood</li><li>Serum</li></ul>
TDH Requisition Form Number	PH-4182
Media Requirements	<ul><li>Red-stoppered vacuum tube (whole blood)</li><li>Sterile, plastic screw capped vial (serum).</li></ul>
Special Instructions	<ul> <li>PTBMIS Order Code: 86592 (RPR (Syp Test) Qual. VDRL)</li> <li>StarLIMS Order Code: 3302 (Syphilis Panel)</li> <li>Specimens may be stored for up to 3 days at room temperature (20 to 23°C) or up to 7 days at 2-8°C.</li> <li>If testing will be delayed more than 3 days for specimens stored at room temperature or more than 7 days for specimens stored at 2-8°C, aliquot serum or plasma and store at -20°C or colder.</li> </ul>
Shipping Instructions	<ul> <li>Ship Room Temperature/ambient</li> <li>If specimen has been refrigerated, ship on cold packs. If specimen is froze, ship on dry ice.</li> </ul>
Laboratory Section Performing Testing	Serology
Lab Location(s) Performing Test	Nashville; Knoxville; Memphis

All infectious substance shipments must conform to U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR 49 C.F.R Parts 171-180).